

**STATE BOARD OF EXAMINERS FOR
SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY**

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Austin, Texas 78711-2197

**SUPERVISORY RESPONSIBILITY STATEMENT
FOR ASSISTANTS FORM**

This two page form must be completed by each licensed speech-language pathologist or audiologist who agreed to accept responsibility for all services provided by the following individual who is licensed or seeking a license as an assistant. The assistant must acknowledge acceptance on page 2. **NOTE:** If this form is received incomplete, it will not be accepted.

Name of assistant: _____ SS# _____

This form is being submitted for the purpose indicated: (check one)

initial license

renewal

change of supervisor

additional supervisor

Do you share supervisory responsibility with another speech-language pathologist/audiologist? Yes No

If yes, please provide us with the name(s) of the other supervisor(s): _____

I shall supervise this assistant at the following location _____. I understand that if this location is more than 75 miles from my primary place of employment, I shall explain how I plan to provide the appropriate training and supervision of this assistant.

I agree to provide a minimum of two hours of supervision per week; one hour of which is direct, on-site.

I understand I may not allow this assistant to practice until I have verified he/she holds a current valid license and I have been approved by the Board office to supervise this assistant.

I understand that this form must be submitted when applying for a license, with each renewal or with a change in supervisors.

I agree to inform the Board immediately, in writing, when this supervisory arrangement ceases. I also agree to inform this assistant that he/she may not practice until a new supervisor has been approved by the Board office and should this assistant practice without such approval, disciplinary action shall be imposed.

I agree to supervise this assistant in accordance with 22 T.A.C., § 741.41 and § 741.65 or § 741.85.

I understand the duties that I may or may not assign to this assistant- Refer to § 741.65(h) or § 741.85 (h) for the list of duties.

I understand that I must maintain supervisory records that verify regularly scheduled monitoring, assessment and evaluation of this assistant's and patients'/clients' performance.

I agree to keep job descriptions and performance records.

I agree to accept responsibility for the services to the client that may be performed by this assistant. I understand that the caseload of this assistant is my caseload.

I understand that I am responsible for evaluation, interpretation, and case management.



Supervisory Responsibility Statement for Assistants Form
Page 2 of 2

I understand that this assistant may not conduct an evaluation which includes diagnostic testing, test and observation interpretation, diagnosis, decision making, statement of severity or implication, case selection or case load decisions.

I understand that although I may delegate specific clinical tasks to this assistant, the responsibility to the patient/client for all services provided cannot be delegated.

I understand that I am responsible for the initial patient/client contact and this contact may include the evaluation of the patient/client.

I understand that I need not be present when this assistant is completing the assigned tasks, however, I must document all services provided and direct on-site supervision of this assistant.

I understand that I may not allow this assistant to attend an Admission, Review, and Dismissal (ARD) without my being present.

I understand that this assistant may conduct assessments which includes data collection, clinical observation and routine test administration if the assistant has been appropriately trained and the assessments are conducted under my direction.

I understand that I may assign this assistant the task of administering routine tests only after I have determined that this assistant has the experience, training, and competence to perform the specific test. I also understand that this assistant may never interpret results of a test or use published material specifically requiring graduate level training.

I understand that this assistant may execute specific components of the clinical speech, language, and/or hearing program if I determine that this assistant has received the training and has the skill to accomplish that task, and I provide sufficient supervision to ensure appropriate completion of the task assigned to this assistant.

I understand that I must submit to the Board or Board's designee any records requested within 30 days of such a request.

I agree to provide the Board or Board's designee any information requested should this assistant be audited within the time frame requested-see §741.65(j) or §741.85(k).

I understand that my license and that of this assistant is subject to disciplinary action if all stipulations stated above are not adhered to.
I agree to supervise this assistant accordingly.

My name is: _____ My license number is: _____

My current address is: _____ City _____ State _____ Zip _____

My current phone number is: (Home) (_____) (Work) (_____)

My current employer and employer's address is: _____

Street _____ City _____ State _____ Zip _____

Signature of Supervisor

Date signed

I agree to abide by V.T.C.S., Article 4512j (Act) and 22 Texas Administrative Code, Chapter 741 (Board Rules). In addition, I have reviewed and understand the duties I may and may not perform. A copy of this form has been given to me by my supervisor.

Signature of Assistant

Date signed